

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295006	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HEALTHCARE AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on September 23, 2009. Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code. The following regulatory deficiencies were identified:	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	<i>Accepted 11/3/09</i>
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	K051 A) Not applicable to specific residents. B) The Smoke Barrier Door in 100 hall was repaired on 09/24/09. The door hardware was adjusted to facilitate proper closure. The Director of Maintenance Services will complete regular rounds and ensure that facility is in compliance.. C) Any problems with these Smoke Barrier doors will be corrected immediately, consistent with the standard and reported to the safety committee. D) The responsible party for accomplishing and monitoring compliance is the Director of Maintenance Services. E) The date of correction is 11/10/09. RECEIVED NOV - 3 2009 <small>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</small>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	Continued From page 1	K 051	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		
K 066 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that one set of smoke barrier doors had functioned properly with the fire alarm.</p> <p>Findings include:</p> <p>On 9/23/09 in the afternoon, following the fire alarm test, the 100 Hall smoke barrier doors did not fully close, leaving an opening of approximately 1 1/2 inches.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is</p>	K 066	<p>K066</p> <p>A) Not applicable to specific residents.</p> <p>B) 1)The Facility Smoking Policy has been re-written on 09/24/09 indicating that the east patio is the only smoking area for Residents (Attachment A) 2) A self closing ash rtray was provided in the employee smoking patio on 09/24/09</p> <p>C) The Director of Maintenance Services will complete regular rounds to verify that the standards of this regulation are met and ensure that facility is in compliance..</p> <p>D) Any non-compliance will be corrected immediately, consistent with the standard and reported to the safety committee.</p> <p>E) The responsible party for accomplishing and monitoring compliance is the Director of Maintenance Services.</p> <p>F) The date of correction is 11/10/09.</p>		

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K 066	Continued From page 2 permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure smoking regulations were adopted and maintained. Findings include: The facility's policy (dated June 2006) indicated the designated areas for residents to smoke were the East Patio and the West Patio. On 9/23/09 in the afternoon, the Administrator and the Maintenance Director indicated that the designated area for residents to smoke was the East Patio. The Administrator and the Maintenance Director verified that the West Patio was in use for storage of resident's wheelchairs and other supplies, and that when the West Patio was cleared of these supplies, the West Patio would be used for non-smoking residents. The Administrator and the Maintenance Director further indicated the designated area for employees to smoke was located at the Northeast corner of the building. On 9/23/09 in the afternoon, there was no evidence of a container with a self-closing cover in the employees' designated smoking area.	K 066	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K0144</p> <p>A) Not applicable to specific residents.</p> <p>B) 1)The Facility has contracted with Gen-tech to install the remote Generator panel at the front Nurses station .</p> <p>C) The Director of Maintenance Services will complete regular rounds to verify that the standards of this regulation are met and that once installed the panel is functional at all times.</p> <p>D) Any non-compliance will be corrected immediately, consistent with the standard and reported to the safety committee.</p> <p>E) The responsible party for accomplishing and monitoring compliance is the Director of Maintenance Services.</p> <p>F) The date of correction is 11/20/09.</p>		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised	K 144			

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K 144	<p>Continued From page 3</p> <p>under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: NFPA (National Fire Protection Association) Standard: NFPA 110, 3-5.6.1 requires that a remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located at a work site readily observable by personnel.</p> <p>Based on observation and interview, the facility failed to maintain the emergency generator with all required components.</p> <p>Findings include:</p> <p>Observation and verified by interview with the Maintenance Director, there was no remote generator panel located in a continuously occupied area with the required prescribed features of notification.</p>	K 144		

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